

California State Journal of Medicine

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Contributors, subscribers and readers will find important information on the sixteenth advertising page following the reading matter.

VOL. XVIII

MAY, 1920

No. 5

IMPORTANT NOTICE — STATE SOCIETY, MAY 11, 12 AND 13

No more reservations are to be had. If you have no reservation to date, communicate at once with Dr. Samuel P. Robinson, San Marcos Bldg., Santa Barbara, who will secure special accommodations.

CALIFORNIA STATE MEDICAL SOCIETY ALL ABOARD FOR SANTA BARBARA

Spring weather, no dust, best roads, no rain, a week away from the regular grind, and Santa Barbara to spend it in. If you've never been there, words cannot tell you the charm of the sleepy old French-Spanish town and its associations of romance and history, its jeweled setting between mountains and the golden sea, its hospitality and its excellent hotel service. If you have been there, it will be a circumstance weighty indeed, that will prevent your coming again this time.

Foregather once more with old friends and new. See the men you've been hearing about in other towns. See the scientific and commercial exhibits. Hear as much as you can of the distinguished program offered this year. Take in all the varied social events offered. Prowl around the old Spanish-Californian town. Go through the mission. Take a swim in the ocean or pool. Get out the road maps and tune up the flivver or instruct the chauffeur to be ready to start at the break of morn. It will be a great session, the best yet, and that is the biggest thing can be said about it.

On Tuesday evening about 9:30 a smoker with boxing accompaniments will be staged. On the same day Dr. James H. Parkinson will preside over a luncheon in honor of the American Legion. Golfers will be interested in a golf match, open both to ladies and gentlemen. Each day there will be trap-shooting on the beach, all members welcome. Be sure you spell Trap with a "T" and govern yourself accordingly. Wednesday night

an informal dance will be held, and Thursday a formal dance in honor of the President of the State Medical Society. During the entire three days, boats with oarsmen will be supplied at the wharf, equipped with fishing tackle. The only expense to members will be for fishing tackle and bait. This latter can doubtless be secured on prescription at the better pharmacies.

Altogether you will miss a treat, socially and professionally, if you are not in Santa Barbara, May 11-13. The Ambassador Hotel (erstwhile the Belvedere, and still more erstwhile the Potter) will be the scene and center of festivities. Bring the family and come, but come anyhow.

DEPARTMENT STORES AND THE EPISCOPAL CHURCH

Health is man's choicest possession. For it he will give all he has. Priceless for its owner, it readily becomes an incentive to various devotees and attracts to its train a motley crew of camp-followers. Ours has well been named The Health Age. So it is. And so fertile is the soil on which present-day health ideas have grown, that with them has grown up a noxious crop of weeds. Sane, sound, common sense, scientific health progress is cluttered up by a pestilential underbrush of cults, isms, quackeries, and pseudo-health creeds. From thrusting chiropractic to trusting Eddyism, the weeds swarm thick in the fertile soil of the Age of Health and betoken the well-nigh universal desire for health, as well as the luxuriant growth of genuine scientific health projects.

PROGRAM OF THE Forty-Ninth Annual Session MEDICAL SOCIETY

State of California

Santa Barbara, May 11-12-13, 1920

COMMITTEE ON SCIENTIFIC PROGRAM

SAXTON POPE (as Secretary of the Society), Chairman
ROBT. A. PEERS, Colfax, Secretary, 1920
WALTER V. BREM, Los Angeles, 1921
LEMUEL P. ADAMS, Oakland, 1922
F. M. POTTINGER, Monrovia, 1923

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ROBT. BERING, San Francisco

State Medical Society

RULES GOVERNING READING OF PAPERS AND DISCUSSIONS AT STATE SOCIETY MEETING

The following rules, which have been adopted from time to time by the Committee on Scientific Program and which apply to the coming meeting of the State Society, are here reprinted for the benefit of those who will read papers and those participating in the discussions.

Rules for Authors

1. Time allotted for each paper is fifteen minutes. The only exception to this rule will be the latitude allowed visitors from other states who come as guests of the Society.
2. No motion from the floor to extend the time of the author will be considered by the chairman of any section.
3. Each author will be allowed five minutes for closing the discussion of his paper.
4. Each author must prepare an extra copy of his paper and present the same to the officer presiding over his section before he will be eligible to read his paper.
5. Absolutely no paper may be "read by title." By consulting the program appearing in this and in the May issue, as well as the special program issued at the state meeting, each author can learn definitely when his paper is due to be read.
6. Failure on the part of an author to appear and read his paper automatically precludes the acceptance of future papers by such author for a period of two years.

Rules for Those Taking Part in Discussions

1. Openers are limited to five minutes.
2. Subsequent speakers are limited to three minutes.
3. The privilege of a second three minutes will not be granted to any one.

GENERAL PROGRAM

Tuesday Morning, May 11, 1920

9:00 o'clock

1. INVOCATION:
2. ADDRESS OF WELCOME:
3. PRESIDENT'S ADDRESS:
4. REPORTS OF COMMITTEES:

Tuesday Afternoon

2 to 5 P. M.

MEDICAL SECTION

1. THE ETIOLOGY OF ONE HUNDRED AND FIFTY CASES OF ASTHMA.

GEORGE PINESS,
Los Angeles, Calif.

2. MALINGERING—ITS RELATION TO THE DOCTOR.

JOSEPH CATTON,
San Francisco.

Discussion by Henry C. Southworth.

The Doctor may consciously or unconsciously aid, abet or encourage malingering.

In cases involving compensation, the sanity of prisoners charged with murder, etc., doctors may debase their profession by contradictory testimony before boards or courts. In private practice or the clinic, a common opinion would probably have been arrived at in the same premises. Suggested remedies.

3. MISTAKES IN ABDOMINAL DIAGNOSIS.

CARO W. LIPPMAN, San Francisco.

- A—Differentiation of
 - 1—Organic.
 - 2—Functional abdominal symptomatology.
 - 3—Importance of fluoroscopic and X-Ray examination in ruling out organic disease.
 - 1—Ulcer 90-93% correct.
 - 1-a—Cancer, impossible to diagnose in early stage. Scirrhus carcinoma—inoperable when they come to the doctor—silent first stage.
 - 2—Gallbladder trouble 50-70% correct. (Stones 30%; Visualized Gallbladder 50-60%; Oesophagospasm 80%; occurrence in other conditions.)
 - 3—Appendix of little value.
 - 4—Colon of no value in early stage, only of value in late stage.
 - 5—Difficulty of differentiation of gastric cancer and enlarged liver pressing stomach out of shape. (Hospital practice.)
- B—Laboratory—
 - 1—Value of Wassermann.
 - 2—Importance of Spinal Wassermann, especially in obscure stomach cases.
 - 3—Value of Schmidt Test Diet in locating pancreatic and gastric functional disorders.
- C—Limitation of proctoscope, does not go above the first loop of the sigmoid. So-called cure of series of oesophageal carcinoma with Salvarsan—early operation instead.
- D—Importance of functional causes illustrated with cases.
 - 1—Glenard's syndrome.
 - 2—Orthopedic cases.
 - 3—Heart-Aneurysm.
 - 4—Familial Jaundice.

4. THE INTRASPINAL TREATMENT OF CEREBROSPINAL LUES.

H. R. OLIVER, San Francisco.

Discussion by H. G. Mehrtens.

The method of treatment is based upon the artificial overcoming of the choroid block. The rationale of the treatment. Remarks upon lumbar puncture. The action of the treatment upon so-called Wasserman fast cases in general luetic infection. An analysis of cases treated. The results obtained in some thirty-four cases. Conclusions.

SURGICAL SECTIONChairman's Address—**THE EDUCATION AND TRAINING OF THE MODERN SURGEON.**ANDREW STEWART LOBINGIER,
Los Angeles.**1. BANDS IN FRACTURED BONES.**ASA W. COLLINS,
San Francisco.

Apposition and its maintenance in fractures of the long bones. Internal splints involving the destruction of tissue. Tolerance of tissue toward different metallic substances. Ideal metal for fracture bands from physical and chemical aspect. Removal and non-removal of the bands. Mode of application. Indications for the use of the bands. Demonstration of the band and instrument for its application. Fifty experiments on rabbits. X-ray plates of cases. Conclusions.

Discussion opened by Thos. H. Stoddard.

2. FUNCTIONAL RECONSTRUCTION OF THE SHOULDER.JOHN C. WILSON,
Los Angeles.

Factors essential to function of the shoulder. Indications for arthroplasty or arthrodesis and their comparative values. Report of a case of arthrodesis of the shoulder joint after destruction of the upper one-third of the humerus with good functional result. Lantern slides.

Discussion opened by W. W. Richardson.

3. THE OPERATIVE APPROACHES OF THE SHOULDER AND THEIR INDICATIONS.JAMES T. WATKINS,
San Francisco.

While much progress has been made toward solving the problems due to disturbances of function of the lower extremity, whether due to injury or to disease, relatively slight advances have been made toward alleviating similar disfunctions of the upper extremity. This is due in part to the circumstance that while the essential facts concerning the physiology and anatomy of the lower extremity are matters of comparatively common knowledge, familiarity with the anatomy and physiology of the upper extremity is by no means so common nor so intimate. Recognition of this fact has led the writer to make on his own account studies and dissections, some of which are presented in this paper.

Discussion opened by Arthur F. Fisher.

4. FRACTURE OF THE FEMUR.HOWARD H. DIGNAN,
San Francisco.

- 1. Summary of war methods.
- 2. Personal experiences.
- 3. Comparison of methods of treatment.
- 4. Treatment of shortening.
- 5. Report of cases.

Discussion opened by Lionel Prince.

5. A PLEA FOR BETTER FRACTURE RESULTS.GEORGE McCHESNEY,
San Francisco.

- A—War surgery has taught us in fractures
 - 1—Improved traction technique.
- 2—That union is procurable in the worst fracture.
 - 3—Ease of obtaining union without metallic aid.
 - 4—Ease of obtaining union without operation.
- B—
 - 1—Civil fracture results must be improved.
 - 2—Industrial fracture results must be improved.
 - 3—This can be done by applying lessons learned in war surgery.
- C—War has emphasized the fact that a meticulously exact approximation of fragments is not necessary to good function.
- D—Hence much of the plating and sliding bone grafts in fresh fractures unnecessary if not harmful.
- E—We should not yield to this temptation to operate but educate public away from thinking that such accurate repositions are required as radiograms would indicate.

Discussion opened by James T. Watkins.

EYE, EAR, NOSE AND THROAT SECTION

Chairman's Address.

PETER A. JORDAN,
San Jose.

1. ACETONE AND DIACETIC ACID IN OPHTHALMOLOGY.

WM. H. DUDLEY,
Los Angeles.

2. SIGNIFICANCE OF SPINAL DEFECTS AND PAIN, OCCURRING IN RELATION TO OCULAR DISEASE.

LLOYD MILLS, Los Angeles.

Spinal anomalies, inflammatory foci or their fibrous residues and varying degrees of localized spinal rigidity and pain, especially marked in the "cilio-spinal" region, are found with frequency in such ocular affections as glaucoma, iritis, and stubborn conjunctiva engorgement.

The relief of the defect or pain may reduce or relieve the ocular symptoms.

3. INTRA-OCULAR FOREIGN BODIES—THEIR LOCALIZATION AND REMOVAL.

HANS BARKAN,
San Francisco.

Discussion opened by Lloyd Mills.

Accurate localization of foreign bodies if posterior to iris plane, great importance. Question of scleral incision underneath external or internal rectus. Splinting wound with these muscles.

Technique of magnet application.

Discussion of removal after considerable lapse of time since injury, with end results.

Demonstration series of foreign bodies with localizing diagrams and discussion. Certain features of certain of these cases.

4. OPHTHALMOLOGIC OBSERVATIONS FROM MY SERVICE IN A. E. F. IN FRANCE.

VARD H. HULEN,
San Francisco.

Orders for overseas. Base Hospital 104. Preparations for embarkation. Sailing on S. S. Mauretania; destination unknown. "Rest Camps." Journeying to Beau Desert, Bordeaux, France. On duty Hospital Center No. 2, A. E. F.

Arrivals of sick and wounded and distribution. Ophthalmic wards and special equipments. Eye injuries and work in Eye Clinics. Optical departments—their strength and their weakness.

The totally blinded. Ophthalmic consultants.

Lagrange's plastic work and the wonderful French Military Clinics for Eye Surgery. Deductions.

5. RUPTURE OF THE CORNEA—WITH CASE REPORTS.

GEO. KRESS, Los Angeles.

General remarks. Case reports. Man, age 65, laborer, eye struck by fist of fellow workman. Rupture of the cornea, entire vertical meridian. In initial pain, practically, all of the iris brushed out of eye by patient's hand. Lens also expelled. Condition went on to good healing.

Possible now for observer, which his naked eye, to see the nerve head of the injured eye on both sides of the scar.

With correcting glass of approximately a plus eleven sphere, combined with a plus one cylinder at 90, this injured eye is able to read the 3-60 line, plus one letter.

GENITO-URINARY SECTION

Chairman's Address. L. J. Roth, Los Angeles.

1. INTESTINAL-VESICAL FISTULAE.

LOUIS CLIVE JACOBS,
San Francisco.

Discussion opened by William E. Stevens.

Report of cases, the etiology, the pathology and treatment of the same.

2. URINARY INCONTINENCE AND ITS OPERATIVE REPAIR.

JAMES R. DILLON,
San Francisco.

Discussion opened by Frank Hinman.

Brief review of literature. Etiology, Pathology. Operative indications and contra-indications. Operative procedure. Report of cases.

3. SURGICAL CONDITIONS IN THE GENITO-URINARY TRACT IN CHILDREN.

WM. E. STEVENS,
San Francisco.

Discussion opened by L. C. Jacobs.

Frequency of kidney lesions in children requiring surgical treatment. Plea for a more thorough examination of the urinary tract. Cystoscopy. Ureteral catheterization. Functional kidney tests. Pyelography.

Pyelitis associated with strictures of the ureter and urethra. Hydronephrosis and dilatation of the ureter. Tuberculosis of the kidney.

Radiographs and Pathological specimens. Conclusions.

4. INVOLVEMENT OF THE GENITO-URINARY TRACT ASSOCIATED WITH ACTIVE PULMONARY TUBERCULOSIS.

ANDERS PETERSON.

Clinical cases and autopsy findings in patients with active pulmonary tuberculosis relative to the involvement of the genito-urinary organs. Observations made from material at the U. S. General Hospital, Fort Bayard, New Mexico.

Wednesday Morning

9 A. M. to 12 M.

MEDICAL SECTION

5. THE PROGNOSIS AFTER THE REMOVAL OF FOCAL INFECTIONS.

N. W. JONES,
Portland, Oregon.

6. THE ROENTGEN DIAGNOSIS AND LOCALIZATION OF PEPTIC ULCER.

RUSSELL D. CARMAN,
Mayo Foundation, Rochester, Minn.

7. A CHEMICAL CONSIDERATION OF THE THYROID.

E. C. KENDALL,
Mayo Foundation, Rochester, Minn.

NEUROLOGICAL SECTION

Chairman's Address.

MILTON B. LENNON,
San Francisco

1. DELAYED ULNAR PALSY FOLLOWING ELBOW INJURIES.

WALTER F. SCHALLER,
San Francisco.

Report of cases. Discussion of clinical course and pathology. Differential diagnosis with especial reference to etiology of ulnar palsy, and literature references.

Discussion opened by Emmet Rixford.

2. EPISODIC MENTAL STATES AND BORDERLINE CONDITIONS IN PSYCHIATRY.

CHAS. L. ALLEN,
Los Angeles.

Impossibility of setting a hard and fast standard of mental normality.

Fluctuations in the mental states of individuals, of groups and of peoples, particularly in the affective sphere.

Dependence of these variations upon individual make-up, somatic causes and social conditions.

Importance of these relationships in psychopathology and their estimation in diagnosis, prognosis and treatment.

Discussion opened by A. W. Hoisholt.

3. SCIATICA.

MILTON B. LENNON,
San Francisco.

Its causes—particularly its mechanical cause.

Discussion opened by W. Baldwin.

4. NOTES ON PATHOLOGICAL REFLEXES.

THOMAS G. INMAN,
San Francisco.

Question of pathological reflexes being always indicative of pyramidal tract disturbances.

Cross adductor Rossolimo, Bchterew-Mendel reflexes noted in conditions other than pyramidal tract disturbances.

Discussion opened by Milton B. Lennon.

INDUSTRIAL MEDICINE SECTION

1. THE IMPORTANCE OF BOTULISM AS A PUBLIC HEALTH PROBLEM IN CALIFORNIA.

ERNEST C. DICKSON,
San Francisco.

Discussion by Karl Meyer and Major J. Geiger, U. S. P. H. S.

2. INTESTINAL PARASITES.

C. A. KOFOID,
University of California, Berkeley.

Discussion opened by W. E. Musgrave.

3. TREATMENT OF INTESTINAL PARASITES.

C. L. McVEY, Oakland.

Discussion opened by Herbert Gunn.

4. THE WORK OF THE STATE BOARD OF HEALTH.

W. H. KELLOGG, Sacramento.

Discussion opened by Frank Kelly.

5. THE NARCOTIC CLINIC.

DANIEL CROSBY, Oakland.

Discussion opened by W. F. Schaller, San Francisco.

EYE, EAR, NOSE AND THROAT SECTION

6. RADIUM IN CATARACTS.

W. S. FRANKLIN and
F. C. CORDES,
San Francisco.

The paper describes the simple method of application which has been developed, the exposure, dosage used, and other technique, together with a tabulation of results.

Radium has been used by us for the past

nine months in the treatment of incipient cataracts. Over thirty cases have been observed. The results have been very encouraging; the vision has been improved, and the process apparently checked.

7. CATARACT EXTRACTION—THE SAFEST METHOD.

RODERIC O'CONNOR,
San Francisco.

Discussion opened by W. S. Franklin.

The writer takes the stand that, under conditions in this country, an extraction in the capsule is inexcusable as a routine procedure. Statistics of results by both methods presented. Describes the safest method, in his opinion, of handling a cataract case.

8. TEETH, TONSILS AND SINUSES.

ROBT. B. SWEET,
Long Beach.

Classification of all infections of the teeth, tonsils and sinuses under one head, as regards etiology, bacteriology, reflex symptoms, systemic effects. Intimate relation of teeth to tonsils and sinuses eyes and ears. Theories held by dentists regarding infected teeth. Plea for a more comprehensive view of head infections. X-Ray cases.

9. SURGICAL TREATMENT OF PITUITARY NEOPLASM.

EDWARD C. SEWALL,
San Francisco.

Three cases operated upon under local anesthetic by the trans-sphenoidal-septae route. Recent case shows very positive improvement. Choice of route of approach to the sella is open to interesting discussion. From the standpoint of the patient the intranasal route furnishes distinct advantages.

GENITO-URINARY SECTION

5. CANCER OF THE PROSTATE.

R. L. RIGDON, San Francisco.

Frequency underestimated. Lane Hospital Statistics.

Course. Relief offered by (a) Operation, (b) Radium.

6. SOME FURTHER EXPERIENCES IN THE TECHNIC, NON-OPERATIVE, PRE-OPERATIVE AND POST-OPERATIVE TREATMENT OF SUPRAPUBIC PROSTATECTOMY CASES.

H. A. ROSENKRANZ,
Los Angeles.

Discussion opened by R. V. Day.

A consideration of diet, catharsis, pre-operative purgation, diarrhea, flatulence, focal infections, nursing, two-stage versus single-stage operation, anesthesia, hemorrhage, pernicious hiccough, pain. Results as regards potency, ejaculation and bladder neck. Results in cancer.

7. A STUDY OF TUMORS OF THE VESICAL NECK AND PROSTATIC URETHRA WITH THEIR RELATION TO CHRONIC PROSTATIS.

L. P. PLAYER and C. P. MATHE,
San Francisco.

Review of fifty cases, symptomatology. Diagnosis (a) Investigation with cysto-urethroscope. (b) Investigation of urine. (c) Serological investigation. (d) Elimination of other foci of infection. (e) Histological study and report. Treatment. Results following treatment. Recurrence.

Discussion opened by James R. Dillon.

8. URETERAL TRANSPLANTATION.

ROBERT V. DAY,
Los Angeles.

Discussion opened by H. A. Rozenkranz.

In carcinoma of cervix uteri. Carcinoma and tuberculosis of the bladder. Causing urinary obstruction in a ureter or ureters from infiltration.

SURGICAL SECTION**6. SOME DEFORMITIES OF THE HAND.**

WALTER I. BALDWIN,
San Francisco.

Causes. Groups. Fractures. Tendons. Nerve injuries.

Discussion opened by John Dunlop.

7. ATTRAUMATIC TECHNIQUE AN ESSENTIAL IN RECONSTRUCTIVE SURGERY.

STERLING BUNNELL,
San Francisco.

Trauma during operations produces fibrosis. Fibrosis binds movable parts, destroying their function. To succeed in reconstructive surgery it is necessary to diminish our trauma to the minimum. Methods to accomplish this.

Discussion opened by H. M. Sherman.

8. PRESENT STATUS OF THE SCIENCE OF ANESTHESIA AND THE ANESTHETIST.

ELEANOR SEYMOUR,
Los Angeles.

This subject will be touched on very lightly historically; the present status and problems more elaborately worked out and the importance of standardization especially emphasized.

Discussion opened by Mary E. Botsford.

9. INDICATIONS FOR INFUSION AND TRANSFUSION IN CASES OF ACUTE HEMORRHAGE AND SHOCK.

EDMUND BUTLER, San Francisco.

Absolute indication.

Theories of shock.

1—Acapnia theory.

2—Suprarenal exhaustion theory.

3—Nerve exhaustion theory.

Definition of shock.

Trauma and hemorrhage—their relation to shock.

Means at our disposal to know when transfusion is relatively indicated.

1—Subjective symptoms.

2—Objective signs.

3—Blood count, (a) venous blood; (b) capillary blood.

4—Blood volume.

5—Blood pressure.

1—Mild degree of shock; case report—indications for treatment used.

2—Moderate degree of shock—case report—indications for treatment used.

3—Severe degree of shock—case report—indications for treatment used.

Extreme degree of shock—case report—indications for treatment used.

Discussion opened by Herbert I. Chapman.

10. RECENT DEVELOPMENTS IN RADIUM THERAPY—ILLUSTRATED WITH LANTERN SLIDES.

REX DUNCAN, Los Angeles.

The purpose of this paper is to explain briefly the principles involved in the therapeutic application of radium emanation, the

use of which has greatly broadened the scope of radium therapy, and to illustrate the technique of application, together with the results obtained in various pathological conditions.

Discussion opened by ————.

Wednesday Noon

12 M. to 2:30 P. M.

LEAGUE LUNCHEON

GIVEN UNDER THE AUSPICES OF LEAGUE FOR THE CONSERVATION OF PUBLIC HEALTH.

1. IMPORTANT CAMPAIGN ISSUES

DUDLEY A. SMITH, M. D.

President of the League for the Conservation of Public Health.

2. HOSPITAL BETTERMENT IN CALIFORNIA

W. E. MUSGRAVE, M. D.

3. ALL TOGETHER FOR BETTER HEALTH

MR. CELESTINE J. SULLIVAN.

Editor of "Better Health".

4. LEAGUE MEMBERSHIP

W. T. McARTHUR, M. D.

Los Angeles.

Secretary of the League for the Conservation of Public Health.

5. CHILD WELFARE AND THE SCHOOLS

ADELAIDE BROWN, M. D.

Member of the California State Board of Health.

Wednesday Afternoon

2:30 to 5:30 P. M.

MEDICAL SECTION**8. CHAIRMAN'S ADDRESS. A DISCUSSION OF THE PRESENT NURSING SITUATION.**

W. W. ROBLEE,
Riverside, Calif.

9. THE ORGANIZATION OF A METABOLIC UNIT.

N. W. JANNEY,
Santa Barbara, Calif.

Modern treatment of metabolic cases requires special organization.

Suggestions as to the organization of Metabolism Units as exemplified by the Memorial Metabolic Clinic of Santa Barbara.

10. BASAL METABOLISM IN THYROID DISEASE.

ALBERT ROWE,
Oakland, Calif.

I. Previous Investigations.

II. The Value of Basal Metabolic Studies in the Diagnosis of Thyroid Activity.

(a) The differentiation of the neurotic from the hyperthyroid individual.

(b) Hypothyroidism and Hyperthyroidism.

III. Basal Metabolic Studies as a Guide to Operative and X-ray Treatment of Thyroid Disease.

11. HYPERTENSION IN WOMEN DURING THE MENOPAUSE.

ROLAND S. CUMMINGS,
Los Angeles, Calif.

Secretion of Corpus Luteum possibly a hypotensive substance. Diminution of this substance causes the menopause and possibly disturbs endocrin balance.

In one hundred women, whose systolic pressures were over one hundred and sixty, forty-nine per cent. were in the menopause period. Other factors, as apical abscesses, chronic tonsillitis, chronic constipation, etc., were present in many also.

Apparent drop in pressures by use of Thyroid and Corpus Luteum extract.

12. A GROUP STUDY OF THREE HUNDRED CASES OF ARTHRITIS.

M. C. HARDING,
San Diego, Calif.

Paper based on work done at Camp Lewis Base Hospital. Poor treatment in the general wards. Formation of the arthritis wards. Need of separate wards in the orthopedic department. Formation of the group and its personnel. Routine of examination by specialists. Percentage of various foci of infection. Treatment. Splinting. Salicylates. Heat. Operative treatment. Medical treatment. Results. Deductions drawn from the series.

prehistoric theories of disease—relation to prehistoric trephining, purposes of the operation, the amulet. Showing and consideration of specimens from Indian skulls obtained from ancient cemeteries in Peru.

These specimens show frontal sinus operations done 1500 to 2000 years ago.

13. A NEW DISEASE OF THE EAR.

HARVARD McNAUGHT,
San Francisco.

Discussion opened by Josiah Kirk.

This in all probability is a sequel to Influenza, all five cases having had that disease. The physical findings similar to those of Oto-sclerosis would point to some bone changes analogous to those produced by that disease and probably caused by the toxins of B. Influenza.

14. SURGICAL TREATMENT OF ACUTE OTITIS MEDIA IN CHILDREN WITH REPORT OF CASE.

J. A. BACHER, San Francisco.

1. Indications for Surgical Intervention.
2. Surgical Procedure.
3. Report of Cases.

15. A STUDY OF NASAL CONDITIONS OCCURRING IN BRONCHIAL ASTHMA.

SIMON JESBERG,
Los Angeles.

EYE, EAR, NOSE AND THROAT SECTION

10. CLOSURE OF FISTULOUS OPENINGS THROUGH THE ALVEOLAR PROCESS INTO THE ANTRUM OF HIGHMORE; WITH LANTERN SLIDE DEMONSTRATION.

CULLEN F. WELTY,
San Francisco.

Discussion opened by Harry Montgomery.

This surgical procedure is designed to close fistulous communications between the mouth and the Antrum of Highmore. The fistulous communications referred to are those that have refused to close, regardless of the method. The simple procedure of removing the alveolar process on either side of the fistulous communication until enough tissue is secured to come together; after this a horizontal incision is made in the median line the entire length of the hard palate. The mucous membrane and the periosteum elevated and incised at the site of the opening to be closed; a perforated metal disc through which a suture is introduced to hold the denuded parts together for a period of eight days, when the parts will be entirely grown together.

11. PLASTIC SURGERY OF THE NOSE; WITH LANTERN SLIDE DEMONSTRATION.

H. B. GRAHAM,
San Francisco.

Discussion opened by Leo Eloesser.

12. PREHISTORIC TREPHINING OF FRONTAL SINUS.

FRANK A. BURTON,
San Diego.

Key specimen in grasping prehistoric trephining, probable methods, instruments used, conjecture as to anesthetic, main

INDUSTRIAL MEDICINE SECTION

6. CHAIRMAN'S ADDRESS—INDUSTRIAL MEDICINE.

R. T. LEGGE,
University of California.

No discussion.

7. HOW CAN INDUSTRIAL SURGERY BE IMPROVED?

MORTON GIBBONS,
San Francisco.

Discussion.

8. VALUE OF PHYSICAL EXAMINATIONS AMONG INDUSTRIAL EMPLOYEES.

CHAS. A. DUKES, Oakland.

Discussion opened by Mark L. Emerson.

OBSTETRIC AND GYNECOLOGIC SECTION

Chairman's Address.

1. ROENTGEN TREATMENT OF UTERINE HEMORRHAGE.

L. C. KINNEY, San Diego.

This is a report covering twenty-five cases of metrorrhagia, including moderate sized fibroids, polypoid endometritis and irregular hemorrhages of the menopause. In all but one of these cases there has been a complete menopause after three Roentgen series and no untoward results. In all cases fibroids have become symptomless. Discussion of indications, contraindications and results.

Discussion opened by Albert Soiland.

2. VARICOSE VEINS OF THE BROAD LIGAMENT.

L. A. EMGE, San Francisco.

- 1—Discussion of the relative frequency of varicosities of the female pelvic circulation.
 - a—Their etiological significance as to congenital origin;
 - b—Their etiological significance as to acquired or secondary origin;
- 2—Discussion of the symptoms.
 - a—As they present themselves in an obscure way simulating other ailments;
 - b—As they stand out as a single group after careful grouping of the facts.
- 3—Discussion of the gross pathology.
 - a—The relation to sterility.
- 4—Methods of diagnosis.
 - a—The reason why they are so often overlooked;
 - b—Suggestions as to proper examination.
- 5—Treatment.
 - a—The maltreatment;
 - b—The obsolete radical way;
 - c—The logical way.
- 6—Prognosis.
- 7—Report of cases.

Discussion opened by Frederic M. Loomis.

3. HEAT, THE MOST PRACTICAL AND PROMISING TREATMENT IN UTERINE CARCINOMA.

J. F. PERCY, San Diego.

- 1—Heat is the oldest known method of treating inoperable uterine carcinoma.
- 2—It is the only method that has survived and at the same time in any measure retained the confidence of surgeons the world over as to its value.
- 3—With increasing knowledge of the more thorough and wider application of heat it is entering upon a new era of successful and hopeful development.
- 4—The aim of the paper is to indicate the correct application of the heat in pelvic carcinoma and by case reports to demonstrate the utilitarian aspects of the heat treatment.

Illustrations with lantern.

Discussion opened by W. G. Moore.

4. RETROVERSIONS OF THE UTERUS.

FRANK LYNCH, San Francisco.

Etiology—Based on the fact that 54% of 1200 obstetrical cases in the University of California Hospital had posterior displacements from one to twelve months after delivery.

Tables classified according to spontaneous and instrumental deliveries and re-divided as to marked injury and lacerations of the pelvic floor.

Development of symptoms may be gradual. Follow up cases show that posterior displacement, per se, may not give symptoms. Unless there is disturbance of the pelvic circulations there need be no symptoms unless inflammatory changes are associated with displacement. Enteroptosis as cause of symptoms.

Treatment—Results of pessary treatment in displacements occurring in the Obstetrical Service, University of California Hospital.

Operation—Factors underlying proper operation. Results have shown that no one operation is satisfactory for all cases.

Treatment considered from a study of 300 cases of simple retroversion treated during the last four years.

Illustrations with lantern.

Discussion opened by A. B. Spalding.

NEUROLOGICAL SECTION

5. MODERN TREATMENT OF NEUROSYPHILIS.

HENRY G. MEHRTENS,
San Francisco.

Difficulty in estimating therapeutic values of the various methods

- a—Intensive intravenous and intramuscular therapy;
- b—Drainage of spinal fluid;
- c—Intradural methods;
- d—Methods dependent on irrigation of the meninges;
- e—Rectal therapy combined with meningeal irritation.

Selection of method of treatment.

Clinical results.

Discussion opened by W. F. Schaller.

6. A CASE OF GLIOMA OF THE SPINAL CORD.

RICHARD W. HARVEY,
San Francisco.

Etiology, symptoms, signs and course of gliomata of the spinal cord. Description of case in University Hospital—symptoms, signs, and diagnosis, and its course to termination.

Autopsy findings with demonstration of gross specimen, slides and photographs.

Discussion of treatment, with emphasis on conservation in intramedullary tumors.

Discussion opened by H. C. Naffziger.

7. CRIME AND CRIMINALS FROM THE PSYCHIATRIC VIEWPOINT.

HAROLD W. WRIGHT,
San Francisco.

Attempts to classify criminals. Marked improvement in our knowledge due to careful case records. Environment and innate defects of adaptation. The question of "responsibility." Confusion of the minds of juries. The work of Goring showing no "criminal type," but a diffuse defectiveness.

The folly of fitting the punishment to the crime and not to the criminal.

Possibilities of securing adequate protection for society.

Discussion opened by Norbert Gottbrath.

8. THE FORMICATION TEST IN PERIPHERAL NERVE INJURIES—ITS INTERPRETATION.

CHARLES L. TRANTER,
San Francisco.

A comparison of the intensity of formication elicited by pressure at the lower limit of the "zone of formication" (corresponding to the area of regeneration of affected nerve), with that elicited at the level of the lesion; and a determination of the daily increase in length of the zone, are both necessary for the proper interpretation of the test.

Of great value as part of the complete neurological examination. Is not a short cut to diagnosis: it may however be the only sign of regeneration during many months. Especially valuable now, there being so many patients convalescing from peripheral nerve injuries, the result of the war.

GENITO-URINARY SECTION

9. EXPERIENCES IN TESTICLE TRANSPLANTATION.

L. L. STANLEY,
San Quentin.

Discussion by R. L. Rigdon.

In past eighteen months testicles removed from executed men have been transplanted to old and otherwise deficient prisoners.

Some merely placed in scrotum, others sewed to recipient's atrophied gland.

Good results demonstrated by increased vitality, change of voice, improved eyesight, increased sexual activity, and general improved outlook in life.

Also brief history of the procedure, and reference to internal secretions.

10. BILATERAL NEPHRO-LITHIASIS.

G. W. HARTMAN and
S. A. GOLDMAN,
San Francisco.

Discussion opened by E. Spence DePuy.

Frequency of occurrence. Symptoms.

Diagnosis: (a) History, (b) Physical examination, (c) Clinical findings; Cystoscopic; functional tests; laboratory findings.

Treatment—Choice of operation; choice of side to be first attacked; post operative treatment. Report of cases.

11. SOME OBSERVATIONS FROM THE CLINICAL AND LABORATORY FINDINGS IN PYELITIS AND PYELONEPHRITIS.

LEON ROTH, Los Angeles.

Lack of parallelism of symptoms, clinical course and laboratory findings. Pathological consideration regarding absence of casts. Leucocyte count. Case Reports. Treatment.

12. URETERAL PYELOGRAPHY AND CYSTOGRAPHY.

GEO. G. REINLE, and
E. SPENCE DePUY,
Oakland.

Their present status and safety as Diagnostic Agents.

Discussion opened by George W. Hartman.

13. SUCCESS; AS APPLIED TO UROLOGY.

E. SPENCE DePUY,
Oakland.

A Study of the Psychological principle governing success and the practical application of these laws.

Discussion opened by Granville MacGowan.

Thursday Morning

9 A. M. to 12 M.

MEDICAL SECTION

13. THE ELECTROCARDIOGRAPHIC STUDY OF HEART DISEASE.

ROLAND TUPPER.

Explanation of the normal electrocardiograph. Lantern slides of the various arrhythmias. Summary of what the electrocardiograph has taught us and its present-day uses.

14. THE DIAGNOSIS OF NON-TUBERCULOUS LESIONS OF THE LUNGS.

LLOYD BRYAN,
San Francisco, Calif.

The X-Ray as an aid in the differential diagnosis of pulmonary conditions—non-tubercular.

Conditions which may be confused with tuberculosis.

Similarity and differential diagnosis between tuberculosis and lung tumors, Hodgkin's disease, metastatic malignancy, pneumoconiosis, coccidioides, abscess, cyst, bronchiectasis, Lues, calcium metastases.

Lantern slides of X-Ray plates illustrating the different conditions.

15. ARTIFICIAL PNEUMOTHORAX IN PULMONARY TUBERCULOSIS.

L. M. RYAN,
Banning, Calif.

Giving briefly the history and theory of action of indications and contraindications for complications and their treatment. Results. Demonstration of apparatus, technique, temperature charts and radiographs. Value of in treatment of tuberculosis.

Discussion opened by H. E. Kirschner, Monrovia.

16. THE PROBLEM OF NON-TUBERCULOUS RENAL INFECTION.

FRANK HINMAN,
San Francisco, Calif.

KARL F. MEYER,
University of California,
San Francisco, Calif.

1. Type of organisms causing infection; elective specificity of some bacteria: Differences in pathological lesions produced by the various organisms. Routes of infection. Predisposing factors. General and local immunity. Specific and Chemotherapeutic treatment.

2. Experimental attempts to reproduce the factors mentioned under (1).

3. Clinical Correlation: Classification of cases. Secondary conditions found. Surgical correction of predisposing factors. Vaccine treatment and its value.

SURGICAL SECTION

11. PRIMARY CARCINOMA OF THE VERMIFORM APPENDIX.

B. J. O'NEILL, San Diego.

Frequency. Symptoms. Diagnosis and Differential Diagnosis. Relative Benignancy. Report of two cases.

Discussion opened by Thomas O. Burger.

12. THE RELIEF OF INTRACRANIAL PRESSURE.

HOWARD C. NAFFZIGER,
San Francisco.

Diagnosis of intracranial pressure—acute and chronic. Indications governing treatment. Methods adopted. Choice of operative procedure. Results.

Discussion opened by Carl Rand.

13. OPERATIVE RESULTS IN SELECTED CASES OF CEREBRAL SPASTIC PARALYSIS FOLLOWING INTRACRANIAL HEMORRHAGE AT BIRTH.

CARL W. RAND, Los Angeles.

Review of literature of cases of intracranial hemorrhage following birth injury. Discussion of pathology involved. Report of six cases operated upon, with subsequent clinical course. Conclusions.

Discussion opened by Howard C. Naffziger.

14. CARCINOMA OF THE BREAST.

CLARENCE MOORE, Los Angeles.

A plea for the earlier recognition of carcinoma of the breast by the physician. More thorough examination before operation, especially for remote metastasis. What may be expected from operation. Clinical report of 76 cases.

Discussion opened by Stanley Stillman.

15. CYSTS AND FISTULAE OF THE THYROLINGUAL DUCT.

P. K. GILMAN, San Francisco.

- 1—Embryology—development of the duct.
 - 2—Anatomy—structure of persistent portion or portions of tract.
 - 3—Pathology—lesions resulting from persistence of duct in part or as a whole, (a) solid growths; (b) cysts; (c) fistulae.
 - 4—Case reports. Eight personal cases.
 - 5—Diagnosis and treatment—differential diagnosis from other cystic and some solid growth. Treatment surgical.
 - 6—Conclusions.
- (Paper illustrated with lantern slides.)
Discussion opened by Guy Cochran.

INDUSTRIAL MEDICINE SECTION

9. TREATMENT OF INDUSTRIAL DISABILITIES INVOLVING THE SPINAL COLUMN.H. L. LANGNECKER,
San Francisco.

Discussion opened by M. E. Rumwell.

Frequency; duration; economic value; importance of immediate correct diagnosis; recognition of industrial viewpoint; inadequate or delayed treatment; musculo-ligamentary group-bone injury group; complications such as anatomical variations, osteoarthritis, functional neuroses.

10. STIFFNESS IN THE EXTREMITIES FOLLOWED BY ACCIDENT AND INJURY.

A. L. FISHER, San Francisco.

- 1—Causes of stiffness. Nature and character of each of the following groups of lesions:
 - a—Bone;
 - b—Cartilage;
 - c—Synovial membrane;
 - d—Joint capsule;
 - e—Muscular;
 - f—Tendon;
 - g—Fascia;
 - h—Nerve.

- 2—Appropriate treatment of each of the above.

- 3—Prognosis: A recognition of those which may improve, and of those in which the loss of function must be accepted.

Discussion opened by James T. Watkins.

11. DEFORMITIES OF THE HAND ACQUIRED AFTER ACCIDENT.

Dr. GOTTLIEB.

Discussion opened by Lester I. Newman.

12. THE ONE-ARMED IN INDUSTRY.

LEO ELOESSER, San Francisco.

Discussion opened by R. W. Harbaugh or R. T. Legge.

13. THE INDUSTRIAL SURGEON.

G. M. BARRETT, San Francisco.

Discussion opened by G. G. Moseley.

OBSTETRIC AND GYNECO- LOGIC SECTION

5. ECLAMPSIA WITH SEVENTY CONVULSIONS.A. B. SPALDING,
San Francisco.**1. Case Report.**

Mrs. D. K. C., age 23, gravid. two, one spontaneous abortion. Headaches with periods lasting three to four hours. Pregnancy normal except moderate rise in blood pressure; labor due October 24, 1919; entered hospital October 27, 1919, with headache, gastric pain, blood pressure 150, casts in urine, few labor pains followed by convulsion. Cesarean Section. After regaining consciousness patient had three convulsions on day of operation, seven convulsions on 1st day P. O., eight convulsions on 2nd day, four convulsions on third day, three convulsions on fourth day, forty-four convulsions on fifth day. Gradually regained consciousness on eighth day with ultimate recovery. Report of clinical course, laboratory findings and treatment.

Discussion opened by Frank Lynch.

6. POST-MATURITY OF FETUS.NORMAN H. WILLIAMS,
Los Angeles.**1. Introduction.**

- (a) Relation of Prematurity; maturity; Post-maturity.
- (b) Relation of size of fetus and size of maternal pelvis; comparative stress laid on the above.

2. Dangers of Post-Maturity.

- (a) Fetal; asphyxia; instrumental injury; death by instrumentation.
- (b) Maternal; prolonged labor; exhaustion; inertia; injury to soft parts (uterus, cervix, vagina, perineum, rectum and bladder).

3. Determination.

- (a) Post-Natal; enlarged child; factors influencing size of child; length; weight; head.
- (b) Pre-Natal; time element; hereditary factor; history; fetal measurements; methods; Ahfeld, with Thoms modification; McDonald; Perret; X-Ray.

4. Prevention.

- (a) Induction of labor; abuse of "Obstetrics by Appointment"; condition and estimated size of child; comparative size of pelvis; time for induction.
- (b) Regulation of maternal nutrition during pregnancy.
- (c) Cases.
- (d) Bibliography.

Discussion opened by H. A. Stephenson.

7. COMPARISON OF END-RESULTS OF RADICAL AND CONSERVATIVE PELVIC SURGERY.ALICE F. MAXWELL,
San Francisco.

1. Frequency and intensity of post-operative and physiological ablation symptoms and modifying factors. The value of ovarian therapy. Post-operative routine as carried out in the Gynecological Department of the University of California Hospital.
2. Frequency of pregnancy following conservative pelvic surgery in the presence of pelvic peritonitis.
3. Statistics from literature.
4. Conclusions.

Discussion opened by Frank Lynch.

8. OPERATIONS ON PATIENTS WITH LOW HEMOGLOBIN.

WILLIAM HENRY GILBERT,
Los Angeles.

Discussion opened by David Hadden.

Thursday Afternoon

2 o'Clock

SURGICAL SECTION

16. SURGERY OF THE CHEST.

CHARLES D. LOCKWOOD,
Pasadena.

This paper is based upon observation of chest wounds during the war. Forty-two wounded soldiers with chest injuries came under the author's personal supervision.

Military experience has taught us that surgery of the lungs can be brought under the same general principles as are applied to other organs of the body. The principles to be observed are:

- 1—Selection of anesthetic. Local anesthetic and Nitrous Oxide are best.
- 2—Free exposure of the field of operation. Discussion of the best methods of exposure.
- 3—Thorough removal of all infected tissue in traumatic cases, i. e. "debridement."
- 4—Tight closure of the chest wall, unless there is intropneural infection.
- 5—Drainage in all secondary infectious complications—hemorrhage, sepsis, pneumothorax.

Post-operative—Care, Posture, Carrel-Dakin, Irrigation, Aspiration. Methods of securing lung expansion.

Discussion opened by Emmet Rixford.

17. CARCINOMA OF THE DUODENUM WITH REPORT OF FIVE CASES.

EMMET RIXFORD, San Francisco.

Discussion opened by Clarence Moore.

PERSONNEL OF THE HOUSE OF DELEGATES FOR 1920

Alameda

DELEGATES

ALTERNATES

L. P. Adams	P. F. Abbott
E. E. Brinckerhoff	G. E. Brinckerhoff
Daniel Crosby	S. H. Buteau
C. A. Dukes	T. J. Clark
M. L. Emerson	W. A. Clark
R. T. Legge	C. A. Depuy
Pauline S. Nusbaumer	David Hadden
Geo. G. Reinle	W. H. Irwin
Dudley Smith	T. C. McCleave
W. H. Strietmann	H. G. Thomas

Butte

DELEGATE

ALTERNATE

D. H. Moulton	N. T. Enloe
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Contra Costa

DELEGATE

ALTERNATE

G. M. O'Malley	C. T. Wetmore
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Fresno

DELEGATES

ALTERNATE

W. W. Cross	A. E. Anderson
J. R. Walker	
Kenneth J. Staniford	
J. L. Maupin	

Humboldt

DELEGATE

E. J. Hill

Los Angeles

DELEGATES

ALTERNATES

(For 1919 and 1920)

(For 1919 and 1920)

Leon Roth
Granville MacGowan
Edward T. Dillon
W. T. McArthur
W. R. Molony
Harlan Shoemaker
Stanley P. Black
Lyle G. McNeile
H. H. Sherk
Chas. D. Lockwood
Rea Smith
Chas. W. Anderson
W. W. Richardson
Guy Cochran
Lewis B. Morton

John V. Barrow
Walter Wessels
Thos. C. Myers
W. H. Brownfield
Nannie Dunsmoore
Margaret Roberts
A. J. Scott, Jr.
Arthur S. Granger
J. Mark Lacey
Wayland Morrison
Norman Williams
Frank C. Wiser
H. A. Rosenkranz
Clarence Toland
A. B. Cecil

(For 1920 and 1921)

(For 1920 and 1921)

Bert Ellis
A. F. Speik
Andrew S. Lobingier
A. R. Rogers
H. G. Brainerd
E. Avery Newton
Geo. Piness
Eleanor Seymour
Albert Soiland
O. O. Witherbee
Frank Miller
P. O. Sundin
Harry Voorhees
Joseph King
J. J. O'Brien
Geo. L. Cole
Wm. Duffield
Hill Hastings
L. M. Powers
F. C. E. Mattison
Chas. W. Decker

Donald Frick
A. H. Zeiler
Clarence Moore
J. L. Pomeroy
C. P. Thomas
L. Lore Riggan
H. P. Wilson
Caroline McQuisten Leete
Byron Palmer
G. H. Gailbraith
Paul W. Newcomer
Clarence Johnson
Ross Moore
Frank M. Mikels
E. C. Fishbaugh
Moses Sholtz
E. M. Lazard
R. B. Sweet
Geo. Martyn
M. L. Moore

Marin

DELEGATE

ALTERNATES

L. L. Stanley

A. H. Mays
W. F. Jones

Mendocino

DELEGATE

ALTERNATE

Frank McLean Campbell S. L. Rea

Merced

DELEGATE

ALTERNATE

J. L. Mudd

W. E. Lilley

Monterey

DELEGATE

ALTERNATE

Garth Parker, Salinas E. W. Reeves, Salinas

Orange

DELEGATES

ALTERNATES

H. A. Johnston
H. M. Robertson

R. A. Cushman
W. C. Dubois

Placer

DELEGATE

ALTERNATE

H. N. Miner

B. A. Woodbridge

Riverside

DELEGATES

ALTERNATES

L. M. Ryan (1920)
Paul E. Simonds
(1920-21)

Bon O. Adams
W. D. Rolph

Sacramento

DELEGATES

ALTERNATES

J. W. James
F. F. Gundrum
E. T. Rulison

W. J. Hanna
E. M. Wilder
A. M. Henderson

San Benito

DELEGATE

ALTERNATE

L. C. Hull

F. O. Nash

San Bernardino

DELEGATES	ALTERNATES
Howard G. Hill	C. F. Whitmer
J. H. Evans	C. L. Curtiss

San Diego

DELEGATES	ALTERNATES
Robert Pollock	Frank Bell
P. M. Carrington	F. P. Lenahan
L. C. Kinney	A. M. Lesen
W. W. Crawford	J. C. E. Nielsen
R. J. Pickard	Carl S. Owen

San Francisco

DELEGATES	ALTERNATES
H. E. Alderson	W. C. Voorsanger
W. C. Alvarez	S. H. Hurwitz
W. W. Boardman	
P. K. Brown	
F. B. Carpenter	
W. B. Coffey	
G. E. Ebricht	
Leo Eloesser	
G. H. Evans	
W. S. Franklin	
H. W. Gibbons	
J. H. Graves	
H. P. Hill	
Frank Hinman	
Sol. Hyman	
Lovell Langstroth	
H. C. Moffitt	
Howard Morrow	
Emmet Rixford	
W. E. Stevens	
A. B. Spalding	
W. I. Terry	
V. G. Vecki	
C. F. Welty	

San Joaquin

DELEGATES	ALTERNATES
Margaret Smyth	J. D. Dameron
R. T. McGurk	F. P. Clark
B. J. Powell	

Santa Barbara

DELEGATE	ALTERNATE
Rexwald Brown	W. H. Campbell

Santa Clara

DELEGATES	ALTERNATES
C. E. Saunders, San Jose	Doxey Wilson, San Jose
Frank Paterson, San Jose	C. G. Wilson, Palo Alto
J. C. Blair, San Jose	D. A. Beattie, San Jose

San Luis Obispo

DELEGATE	ALTERNATE
W. M. Stover	G. L. Sobey

Shasta

DELEGATE	ALTERNATE
Ferdinand Stabel	G. A. Flora

Solano

DELEGATE	ALTERNATE
Robert Dempsey	R. Allen

Stanislaus

DELEGATE	ALTERNATE
E. F. Reamer	B. F. Surryhne

Tulare

DELEGATE	ALTERNATE
J. C. Paine, Exeter	C. M. White, Visalia

Ventura

DELEGATE	ALTERNATE
D. W. Mott	Edith Lamoree

Clinical Department**CASE HISTORIES FROM THE CHILDREN'S DEPARTMENT, UNIVERSITY OF CALIFORNIA MEDICAL SCHOOL AND HOSPITALS.**

Case No. 5. March 6, 1915. Male, American, Age 10 years. No. 8847. C. D.

Complaint: "Headache. Anorexia. Abdominal pain."

Family History: Father dead, at age of 32 years of "stomach trouble." Mother living and well. One brother dead at age of 2 weeks of "typhoid fever," of which disease the mother supposedly suffered during the pregnancy. Maternal grandfather dead of pulmonary tuberculosis but no exposure of the child.

Past History: Full term, normal delivery. Breast fed for 1 year. Development normal. Measles at age of 3 years, varicella at the age of 7 years; neither with complications. Other than for frequent colds and headache, occasional enuresis, and a possible abortive pneumonia 4 months before entry, the past history is negative. The boy's diet is a general one, he drinks 1 quart of ordinary commercial milk daily, and has had no digestive upsets.

Present Illness: The child had been in good health until 10 days before entry when he developed pain in the lower part of the back and generalized pain in the abdomen. Headache was severe and there was frequent vomiting. There was fever, drowsiness, anorexia and moderate constipation. There were no chills. He had been confined to bed for 6 days previous to entry, and was finally sent into the hospital by his private physician with the diagnosis of typhoid fever, because of a positive Widal reaction.

Physical Examination: Thin, undersized boy of 10 years lying in bed complaining of pain in the epigastrium. He is exceedingly irritable, moaning constantly during the examination. The skin is clear except for a few suggestive rose spots on the abdomen. The mucosae are of good color, the cheeks flushed. Eyes, nose, and ears negative except for slight left sided mastoid tenderness. Teeth badly carious. Tonsils enlarged and cryptic. Tongue coated, breath foul. Anterior and posterior cervical glands just palpable. Chest, heart and lungs negative. Abdomen-scapoid, generalized tenderness, but no rigidity or localized spasm. Spleen not palpated. Liver to costal margin in nipple line. No masses felt. Tympany in the flanks. Extremities normal. Reflexes, patellars sluggish. Biceps and triceps present on both sides. Babinski and Oppenheim negative. No rigidity of back or neck.

Temperature 38.3°C.; pulse, 120; respirations 24. Blood count: Hemoglobin 80%; R. B. C., 5,472,000; W. B. C., 9,450.

Differential: Polys., 77%; Lympho., 12%; Large monos., 9%; Eosinophiles, 2%.

Urine: Sp. gr. 1032, acid—negative for albumin and sugar. Diazo Reaction positive, acetone and diacetic acid not present. Sediment—no casts, occasional pus and epithelial cell.

Blood Culture: Sterile.

Widal: Negative.

March 7: Boy is irritable and objects to being touched. Mastoid tenderness suggestive, but there is still present the generalized hyperaesthesia. Headache and pain in the epigastrium still present. There is rigidity of the lower extremities, and marked photophobia.

Temperature 39.5°C.; Pulse 78, Respirations 25.

Blood: 10,800 leucocytes with 65% polys.

Urine: As before.

Widal: Negative.

Blood Culture: Sterile.

SONOMA COUNTY

At the April Meeting of our society we listened to a very instructive and humorous talk on constipation by our genial state secretary, Dr. Saxton Pope.

The society also went on record in favor of the limitation of the practice of Anesthesia to regularly licensed physicians and surgeons.

TWENTY-EIGHTH SEMI-ANNUAL MEETING.

The Twenty-eighth Semi-Annual Meeting of the Northern District Medical Society was called to order March 9th, 1920, at 11 a. m., in the Elks Hall, Chico, by Dr. Barnard, President.

Dr. Harold Zimmerman demonstrated X-ray plates, diagnosing eleven obscure cases. Discussed by Dr. Bollinger and by Dr. Peers, who reported an excellent diagnosis by Dr. Zimmerman of a small bone in one of the bronchioles.

Dr. Frank Reardon took up in detail the complications he had met in Post-Influenzal cases of the epidemics of 1918 and 1920. Dr. Gundrum in discussion gave a brief history of the epidemics of Influenza. All agreed that the causative organism was unknown and the only treatment was stimulation, except Dr. Parkinson who sharply objected to the value of whisky.

Dr. Peers' paper plainly showed the value of a full routine history of suspected Tubercular cases.

Dr. A. K. Dunlap read a paper on "Dislocation and Fracture of the Carpal Bones," and Dr. J. B. Harris reported a case of Dislocation of the Semilunar Bone with a failure by closed methods and successful function after removal of the Semilunar.

The State Indemnity Fund, discussed by Dr. Parkinson, brought only adverse criticism by Drs. Dameron and Barr.

Dr. Hale's paper on "Hydronephrosis" was fully illustrated by lantern slides of cases which he had handled.

Dr. Schoff read a paper on the value of Radium and illustrated his excellent results by photographs.

Dr. Dameron reported cases of primary Tumors obstructing the large bowel and pleaded for a simple ceco-sigmoidostomy and no resection, as during the last eight years his patients have lived, whereas formerly following big resections they all died.

Dr. Enloe reported three cases all of which survived the operation but died from later Metastases.

Dr. Dewey Powell showed that Vincent's Angina was much more common than thought, due to the failure to make smears of all membranes. He reported Fowler's solution applied after the removal of the membrane as practically a specific.

Our guest, Dr. Stanley Stillman, gave a most excellent and practical paper on the "Post-operative Management of Abdominal Cases." A few of the points brought out were as follows:

Shock-prevention by limiting all abdominal assaults to less than one hour; uses Adrenalin and warm blankets. Mild Catharsis 36 hours before operation; enemas after. Vomiting-routine stomach lavage; if persist after peristalsis indicates post-operation obstruction.

Post-operative: Restrict Opium. Acute dilatation characterized by recurrent vomitings of small amounts of dark fluid. Prompt lavage and repeat two hourly. As no absorption from stomach, no water until peristalsis, which is shown by Stethoscope. Meanwhile water by rectum 6 to 8 ounces every 4 or 5 hours in preference to drip method.

Gas pains friction raw surface bowel against bowel or peritoneum. If adhesions desired give Opium. No Catheterization of conscious patients. Paralytic ileus—has found Pituitrin of no use. Drains—only if walled off abscesses. Remove drains slowly and use the true Fowler's position. In diffuse peritonitis sew up tight.

Stomach cases: Immediate Fowler's; fluid started when peristalsis. Infants wrap in cotton—kept on table in warmed blankets; feed early post-operative.

Discussion by Drs. Gundrum, Fairchild and Dameron. Dr. Dameron reported his results of the last 12 years during which he has immediately tightly closed all abdomens.

New members admitted were: H. Bolinger, J. E. Nelson, Lodi; C. E. Schoff, F. Reardon, N. G. Hall, Sacramento; C. S. Durand, Colfax; Mary B. Poket, Tehama; Ida A. Beck, Gridley; P. B. Hoffman, Marysville; P. L. Hamilton, E. E. Baumeister, F. L. Meyers, Chico.

The meeting was fully attended, the papers instructive and well illustrated, and all who attended profited thereby. A most elegant banquet served at the Hotel Oaks and accompanied by excellent music made all wish that the meetings at Chico were more frequent.

Notice

Dr. W. W. Fraser of Richmond, Cal., reports the theft of a B. & L. microscope from his office recently. If such a microscope is offered for sale to any doctor, he is requested to investigate ownership.

The Reason Why Twelve Patients Entered the Sanatorium Too Late

BY ROBERT A. PEERS, M. D., Colfax.

Note: The following article is so good and so worthy of attention from physicians, that it is reprinted from "The Tea Bee," February, 1920.

Number one thought his cough was "bronchial." He was sure it could not be due to tuberculosis as "There was no consumption in his family." So he tried to "wear it out." When he himself was worn out and consented to enter a sanatorium it was too late.

Number two knew that his chills and fever were due to malaria. The cough he said was "only the cough that goes with malaria." So he took "Mother Skinnem's Chill Tonic" and the tubercle bacillus worked while he slept. Later he slept with his fathers.

Number three thought his cold and malaise due to mental error. Some kind deluded friend told him there were no such things as germs or disease and that what he believed to be a cough and fever were really only evidence of the failure to think properly and while he wasted his substance on mental healing and un-Christian non-science the germs which he thought so absurd put in overtime at double-pay. The sanatorium could not help him when he at last discovered the truth and now his mental errors are covered by six feet of earth.

Number four was told that the pain in his side and the tired feeling were due to "a bone out of place in the back." He was told that this could be rubbed back into place and that then he would be all right. He wasted several months on back rubbing and entered the sanatorium just too late to be helped.

New Members

Leburt, Emery M., San Francisco.
 Lynch, Eugene H., San Francisco.
 Silver, Blanche, San Francisco.
 Bray, Ernest, San Francisco.
 Lover, Mary E., San Francisco.
 Harris, Mary W., San Francisco.
 Isen, Sidney, San Francisco.
 Briggs, Gertrude A., San Francisco.
 Jensen, John W., Colfax.
 Barton, O. L., Loomis.
 Sanders, Clark E., San Jose.
 Burgin, Rubie M., Berkeley.
 Cudder, J. Hedley, Oakland.
 Patton, May L., Oakland.
 Shmore, Frank, Buena Park.
 Lane, C. R., Santa Ana.
 Jewkirk, D. H., Anaheim.
 Westphal, Henry G., Glendale.
 Eye, W. G., Los Angeles.
 Wim, Wm. A., Los Angeles.
 Hale, A. E. W., Burbank.
 Pomstock, Belle W., Los Angeles.
 Milnard, C. R., Los Angeles.
 Eggs, James H., Los Angeles.
 Avey, R. W., Los Angeles.
 Men, Carlton S., Los Angeles.
 Berkley, Hugh K., Los Angeles.
 Pratt, Thos. R., Los Angeles.
 yles, Richard H., Los Angeles.
 arson, Edwin, Los Angeles.
 agalls, Albert T., Los Angeles.
 Wood, C. Benson, Los Angeles.
 esman, Frank N., Los Angeles.
 Ward, Benjamin B., San Fernando.
 Ashiell, Wm. A., Los Angeles.
 lodkinson, W. A., Santa Monica.
 uernsey, P. E., Los Angeles.
 ew, Niel C., Los Angeles.
 one, Willard J., Pasadena.
 evengood, H. Wilson, Ocean Park.
 orrison, H. E., Sacramento.
 anan, Wm. J., Sacramento.
 orman, J. G., Oxnard.
 mith, C. L., Santa Paula.
 apton, E. L., Sebastopol.
 otter, Wm. H., San Diego.
 insley, Wm. L., San Diego.
 ahcroft, Felix E., Chula Vista.
 inley, Walter G., San Diego.
 ylberg, H., Merced Falls.
 e Loss, Herbert, Merced.
 astle, Curtiss H., Merced.
 ahl, Chas. W., Merced.
 dams, C. W., Visalia.
 amwalt, E. R., Tulare.
 alston, C. F., San Francisco.
 ead, J. Marion, San Francisco.
 ichelson, Lewis, San Francisco.
 eiva, Carlos, San Francisco.
 oemaker, H. R. D., San Francisco.
 orentzen, K. G., San Francisco.
 McCarthy, C. E., San Francisco.
 iovannetti, R. P., San Francisco.
 ell, Fred P., San Bernardino.
 rince, R. W., San Bernardino.
 ench, J. M., Stockton.
 ynch, W. P., Stockton.
 harton, Charles G., Los Angeles.
 ink, Wm. D., Guadalupe.
 tellinger, Wm., Santa Barbara.
 unningham, Benj. F., Santa Barbara.
 mith, E. D., Los Olivos.
 churmeier, H. S., Santa Barbara.
 oetz, Alice L., Santa Barbara.

Allen, Albert, Taft.
 Owen, W. H., Bakersfield.
 Emundsen, J. D., Orland.
 Avery, Walter J., Fresno.
 Nielsen, Harold W., Fresno.
 Matten, Thos., Sanger.
 Rees, John T., Del Rey.
 Traber, C. H., Reedley.
 Sheldon, F. B., Fresno.
 Bell, T. Floyd, Fresno.
 Divanovich, David, Fresno.
 Poole, R. E., Durham.
 Johnson, W. B., Chico.
 Schell, J. P., Chico.
 Luckie, L. F., Fresno.
 Myers, O. R., Belden.
 Kelker, G. D., San Francisco.
 Bramkamp, A. L., Banning.
 Camp, J. W., Blythe.
 Card, Thos. A., Riverside.
 Shank, C. E., Corona.
 Chesbro, Elmer L., Gilroy.
 Merrill, W. L., Campbell.
 Sanders, A. O., San Jose.
 Whiffen, R. A., San Jose.
 Van Meter, J. N., Fresno.
 Cox, Edward R., Fresno.
 Hare, Harold P., Fresno.
 Geraldson, Lena A., Napa.
 Richards, S. B., Victorville.
 Thurlow, Alfred A., Eldridge.
 Reed, J. Wilson, Newman.
 Brace, R. W., Ripon.
 Maxwell, R. E., Modesto.
 McPheeters, E. R., Modesto.
 Collins, James L., Turlock.
 Sturges, R. L., Modesto.
 Krout, Boyd M., Oakland.
 Everingham, Sumner, Oakland.
 Booth, John R., Oakland.
 Cheney, Marshall C., Berkeley.
 Fenton, Susan J., Oakland.
 King, H. R., Winters.
 Parsons, James E., Dixon.
 Bull, E. C., San Francisco.
 Pollia, Joseph A., San Francisco.
 Cohn, Allan L., San Francisco.
 Scosseria, E., San Francisco.
 Rea, Bernard J., San Francisco.
 Muller, Vinton A., San Francisco.
 Abramopoulos, C. A., San Francisco.
 Freytag, C. L., San Francisco.
 Love, C. A., Atascadero.
 Magee, Irvin L., Venice.
 Hill, Earl W., Blue Lake.
 Tweedie, A. M., Los Angeles.
 Lokrantz, Swen, Los Angeles.
 Canney, Frederic G., San Francisco.
 Hornor, D. H., Dunsmuir.
 Bech, H. H., Montague.

Resigned

MacBean, Anna M., Los Angeles.

Transferred

Gregory, L. C., from Mendocino Co. to Contra Costa Co.
 Aller, Daniel L., from Merced Co. to Fresno Co.
 Holmes, W. H., from Los Angeles Co. to Riverside Co.
 Wintermute, C. E., from Tulare Co. to Santa Clara Co.
 Hennemuth, J. E., from San Joaquin Co. to Stanislaus Co.
 McManus, Frank P., from Contra Costa Co. to Yolo Co.
 Heaney, Robt. H., from San Francisco Co. to Siskiyou Co.



Obituary

Henry W. Horn, San Francisco.

Lieutenant Colonel Henry W. Horn, B. A. M. D. B. S., died in San Francisco March 5, 1920, at the age of 49 years.

He was the son of Thomas Horn, a California Pioneer and member of the Vigilance Committee, and Helen Wells Horn. He was born in San Francisco, and received his Bachelor's degree from the University of California where he was a member of the Sigma Chi Fraternity. He graduated in medicine in 1897 from the Cooper Medical College and spent four years as Assistant Professor of Otology in the University of Bonn, Germany, from which he received the degree of Bachelor of Science. He studied speech defects in the Ambulatory Division in the University of Berlin for a year and spent another year in Vienna in clinical work and the study of the inner ear under Barany laying there the foundation of the work with which he was engaged while in military service.

As a physician he enjoyed a large practice and had risen to an enviable position in the eyes of the medical world through his untiring energy, as a teacher in the University of California Medical School and through his numerous contributions to medical literature which marked him as a man of independent thought in the world of research. Among his last efforts in this field were important contributions upon the subject of ozoena.

At the outbreak of the war and shortly after his marriage to Miss Ella Gardner of Los Angeles, he volunteered his service to the Government and entered the Medical Corps of the Army as lieutenant. He returned from France in 1919 and received his discharge from the Army after two years of meritorious service with the rank of lieutenant-colonel. Unfortunately, he contracted influenza during the epidemic at the end of 1918 in France from which time he never recovered his health and died about a year later.

To him, as well as to those who died upon field of honor, is due the honor given those who have sacrificed all for their country in its hour of need and his memory will live in the hearts of those who knew him and knew his work. He was a man who lived fearlessly, worked fearlessly, died fearlessly, and added more than his share to the sum of human effort.

The value of his work during the War is shown by the following tribute written by the Commanding Officer, Lt. Col. Isaac H. Jones of the Medical Corp of the Army:

"The Air Service Medical, U. S. A., came to include over 1500 medical officers and more than thousands enlisted personnel. Lt. Col. H. W. Horn was one of the original five who organized this service and developed it from nothing into a larger organization than the entire medical corps before the War. To those who did not understand Aviation problems it was difficult to see the value of any such organization at all; Col. Horn devoted the last three years of his life entirely to these special studies and was one of the most enthusiastic believers in the need of medical experts to control the mental and physical fitness of fliers.

At the very beginning of the U. S. effort, he accepted the commission of Lieutenant, although we all know how many younger and less experienced men "held out for higher ranks." The aviation service scarcely even existed at that time; the hands of the finest youngsters in the country clamored to be admitted to a service that had not even an existence. Lt. Horn proceeded at once to San Francisco and organized a Physical Examining Unit, which was one of the first—eventually there were 67 such units. He aroused great interest in Aviation along the Pacific Coast—not only among applicants but in the Medical Profession and he was in that way responsible for bringing many medical men into the service.

He then was called to the Medical Research Laboratory at Mineola, Long Island, and his most valuable work there was the study of deafness in actual flight; this was the first work of the kind ever done and to this date there is no more comprehensive study in the world on this subject. He then went overseas as the head of the Otological Department of the Air Service Medical group. His report of otologic work overseas—"The Role of the Labyrinth in Flying Efficiency" (Annals of Otology, June, 1919) is the best and most conservative up-to-date exposition of this new subject.

The many hundred physicians who knew him were impressed with his unlimited capacity for hard work—he seemed tireless. It was this devotion to his work above all that caused him to be admired by the Medical Profession. He had almost ruthless disregard for "what sort of impression he would make"—it was this rugged manliness that endeared him so to his fellow workers.

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Deaths

YEMANS, HERBERT WM.—A graduate of Detroit Medical College 1878. Licensed in California 1887. Died in Fort Rosecrans, Cal., January 1920. Deceased was a major in the Marine Corps, U. S. A.

VAN NORMAN, WM. J.—A graduate of Cleveland College Homeo. Hospital, Ohio, 1898. Licensed in California 1900. Died in Los Angeles March 28, 1920.